Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0028 Expires 9-30-96 GSA No. 0246-EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery And

EPA

Notification of Regulated Waste Activity

Date Received (For Official Use Only)
JAN 2 9 1997

and Recovery Act).	United States Envi	ronmental Pro	otection A	gency ppoce	RAM MANAGEMENT BRANCH		
I. Installation's EPA ID	Number (Mark X' in the appropriate box)	one of the second second second			AND CONTRACTOR OF THE PARTY OF THE PAR		
A. First Notification B. Subsequent Notification (Complete item C)			C. Installation's EPA JD Number				
II. Name of Installation (Include company and specific site name)					24//0		
	of Transportation						
III. Location of Installation (Physical address not P.O. Box or Route Number)							
Street			Albanamanan (Carring				
R+. 9 West -A					RECEIVED		
Street (Continued)				IAN 2 1 1997			
					The No.		
City of Town			State	Zip Code			
Tremont			IL	41568			
County Code County Name							
	zewell						
	Address (See Instructions)						
Street or P.O. Box							
101 Main St.							
City or Town			State	Zip Code			
Peoria			11	61602	- [1]		
V. Installation Contact (Person to be contacted regarding waste activities at site)				77 (1 m) 1 m (1 m) 1			
Name (Last) (First)							
PAINTER	Company of the control of the contro	TERRY					
		one Number (Area Code and Number)					
	RIDGE PAINTING TECHNICIAN	(309)	671	- 3333			
VI. Installation Contact Address (See Instructions) A. Contract Address Location Mailing Other B. Street or P.O. Box							
Location Mailing Other	B. Street of P.O. Box						
City or Town							
			State	Zip Code			
VII. Ownership (See Ins	etructions)						
VII. Ownership (See Instructions)							
A. Name of Installation's Legal Owner DALE E. RISINGER STOTE OF THE PROPERTY							
STATE OF ILLINOIS - DEPARTMENT OF TRANSPORTATION Street, P.O. Box, of Route Number							
101 MAIN STREET							
City or Town			State	Zip Code	* *		
PEDRIA			IL		1///		
Phone Number (Area Code and Number) B. Land Type C. Owner Type				Change of Owner	(Date Changed)		
(309) 671-3333 S S No No No No S S S S S S S S S							
	v. 11-30-93) Previous edition is obsolete.				Continued on Reverse		

Continued on Reverse

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ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instru	ctions)		ionoenos de la comoció				
A. Hazardous Waste Activity	31 99	ed Oil Recyc	ling Activities				
1. Generator (See instructions) 2. a. Greater than 1000kg/mo (2,200 lbs.) 3. b. 100 to 1000 kg/mo (200-2,200 lbs.) 4. c. Less than 100 kg/mo (220 lbs) 5. Transporter (Indicate Mode in boxes 1-5 below) 6. a. For own waste only 7. b. For commercial purposes Mode of Transportation 7. Air 7. Rail 8. Aili	1. Used (a. Mark Oil to b. Mark Combu a. Utility b. Indus c. Indus c. Indus do f Activ a. Tra b. Tra 4. Used (Dil Fuel Marieter Directs of Off-Specific eter Who Fileets the Spoil Burner - I estion Device / Boiler etrial Boiler etrial Furnace Dil Transport vity(ies) insporter insfer Facility Dil Processo of Activity(ess	seter Shipmeni of Used cation Burner rst Claims the Used ecifications indicate Type(s) of (s) er - Indicate Type(s)				
IX. Description of Hazardous Wastes (Use additional sheets if necessary)		10005	A CONTRACTOR				
A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24) 1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity (D001) (D002) (D003) Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))							
(D001) (D002) (D003) Characteristic (List specific EPA hazardous waste nu	mber(s) for the	Toxicity chara	cteristic contaminant(s))				
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)							
	Γ						
1 2 3 4	5		6				
7 8 9 10	11		12				
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number, See instructions.)							
1 2 3 4	5		6				
	3						
X. Certification							
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Signature Name and Official Title (Type or print)		Date	Signed				
DISTRICT 4- BRIDGE PAINTING	TECHNICI	4N 1-1	5-97				
XI. Comments							
OLD FRANKIN STREET BRIDGE COMPONENTS USED	70 CR	SATE M	bNUMENTS				
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)							
EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.			2/ /				